

SOMATIC AWARENESS INSTITUTE
APPLICATION for AQUATIC YOGA SOMATICS PRACTITIONER TRAINING

Thank you very much for taking the time to answer the following questions from your heart with great honesty and openness.

Name:

Mailing Address:

City/State/Zip:

Country:

Email:

Website:

Telephone:

Skype Name:

Date of Birth:

Referring Contact if any:

1. Please describe your personal and professional experience with bodywork, healthcare or yoga or somatic movement approaches.
2. Do you have any prior experience teaching yoga?
3. What is your relationship with water?
4. Do you have any fear or trauma related to the water? If so, please describe, and also tell about what work you have done around this fear or trauma.
5. Are you a bodywork or movement arts professional ? If so, please list the courses you have taken and your certification. Is bodywork or movement arts your current profession? If not, would you like for it to be?
6. What is your current work?
7. Do you have any physical or psychological conditions that should be taken into account with regards to your participation in this training? Are you taking any medications?
8. Why are you inspired to participate in this training?
9. Describe your comfort level with physical contact.

10. Describe what you feel to be your greatest strengths?

11. What aspects of yourself do you feel need more integration?

12. How do you foresee applying what you learn in this training to your professional life?

Do you have any specific questions about this training?

Please return by email to ateeka111@mac.com